10/113760

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number						
			SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY												
ľ	OTAL CLAIM	S						RATE F		FEE	1	RATE	FEE		
FOR,			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FEE		35.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			# minus 20=		•	ø	X\$ 9			_	OR	X\$18=			
IN	DEPENDENT (CLAIMS	ے ا	A minus 3 =		ø		X43= -			OR	X86=			
М	JLTIPLE DEPE	NDENT CLAIM I	PRESENT				+145:				OR	+290=			
	the differenc	I	TOTAL		5.0	OR	TOTAL								
CLAIMS AS AMENDED - PART II OTHER TO (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN											THAN				
ġ	le-04							SMALL ENTITY			OR	SMALL			
AMENDMENT A		CLAIMS' REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY OR	PRESENT EXTRA		RATE	πο	DDI- NAL EE		RATE	ADDI- TIONAL FEE		
	Total	. 4	Minus	-2	<u>D</u>	= ~	ŀ	X\$ 9=	۲	_	OR	X\$18=			
AME	Independent	• 3	Minus	DENIDENE	<u> </u>			X43=		-]	OR	X86=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	-	-	OR	+290=			
(Column 1) (Column 3)								TOTAL				TOTAL			
10	(Column 1) (Column 2) (Column 3)								ADDIT. FEEON ADDIT. FEE						
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST . ER USLY	PRESENT EXTRA		RATE		DI- NAL E	-	RATE	ADDI- TIONAL FEE		
NON	Total .	·anl	Minus	**		=		X\$ 9=			OR	X\$18=			
AME	Independent	• 000	Minus	***		=	T	X43=			OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+290=			
						•	L	TOTAL			T L	TOTAL			
(Column 1) (Column 2) (Column 3)									<u> </u>	'لــــــ	Ort p	ODIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA	ſ	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=	<u> </u>		OR	X\$18=			
ME	independent		Minus	***		•	┢	X43=	 		ı	X86=			
\Box	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A472	<u> </u>	\dashv	DR	700≡			
+145≈ OR +290=															
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL ADDIT. FEE ON TOTAL ADDIT.															
T	ure Trighest Num te "Highest Num	mber Previously Paid ber Previously Paid	JO For" IN THI: I For" (Total or	S SPACE is I Independen	ess that 1) is the	n 3, enler "3." highest number			propria	e box i					